



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 6, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Red9, 322 South 9th Street. This business has completed a corporate ownership change and is requesting an upgrade from the current class I/K liquor license to a class C/K liquor license allowing off sale.

Troy Peterson will be the manager of this license. A background check found no areas of concern.

The required training for this establishment was completed on May 8th 2008.

Stockholder information has been included for your review.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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DEC 31 2000

NEBRASKA LIQUOR

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CONTROL COMMISSION CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☐ Corporate License (requires insert form 3a & 3c)
☒ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name AMEETA B. MARTIN

Phone number: 402-770-1487

Firm Name _____

PREMISE INFORMATIONTrade Name (doing business as) red9Street Address #1 322 SOUTH 9TH ST

Street Address #2 _____

City LINCOLN County LANCASTER Zip Code 68508Premise Telephone number 477-7339Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name AMEETA B. MARTINStreet Address #1 3424 OLD DOMINION ROAD

Street Address #2 _____

City LINCOLN State NE Zip Code 68516**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

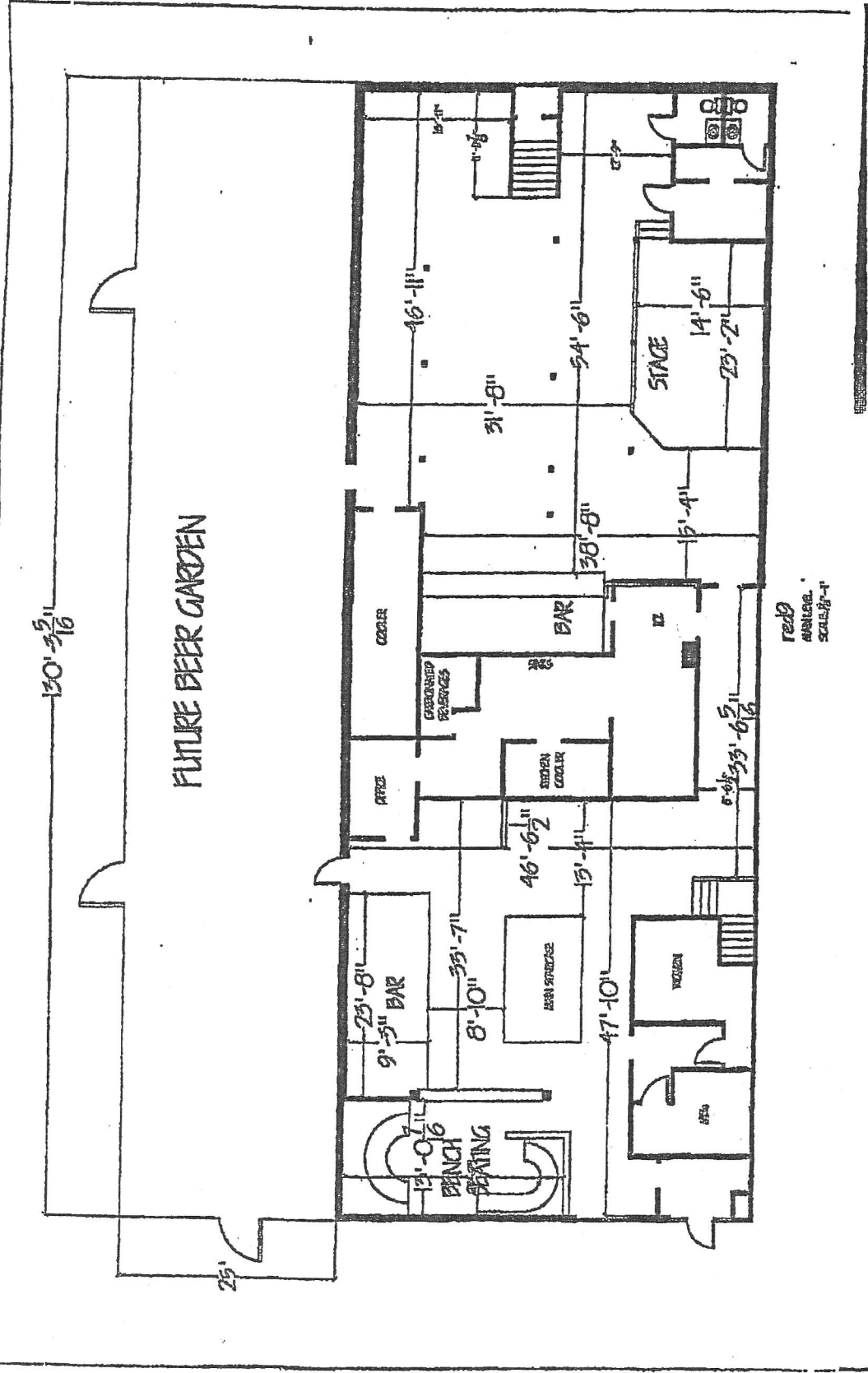
See attached

one story 131' X 47'

Including second level

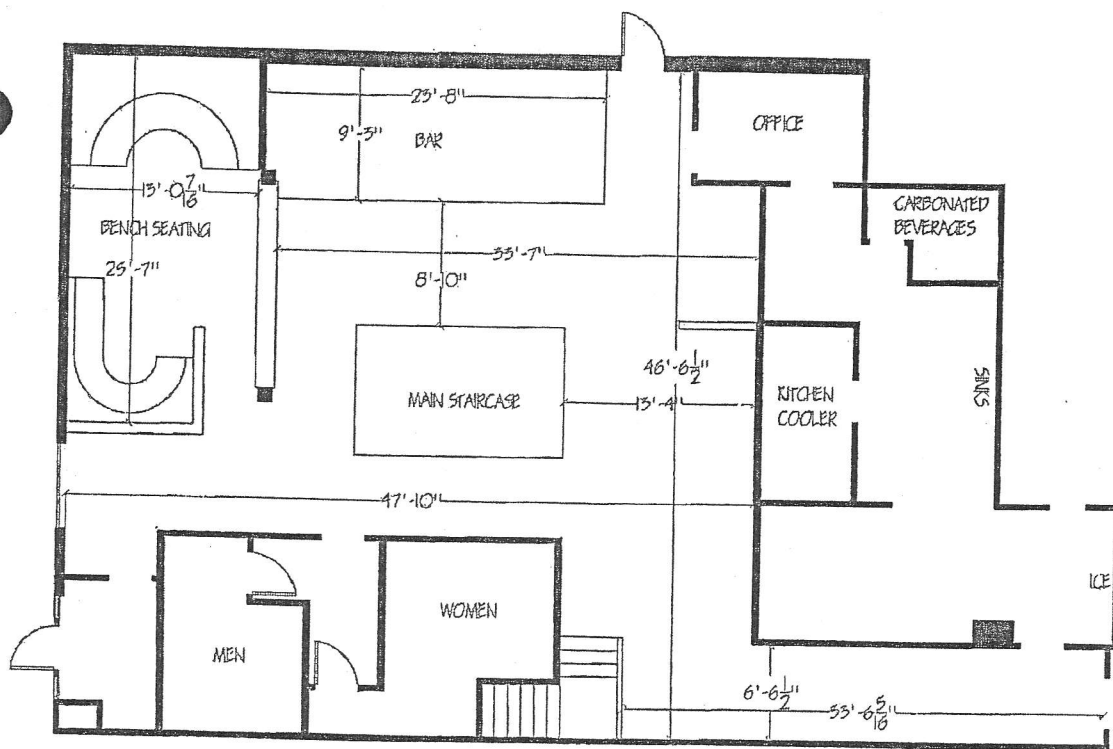
72' X 47'

Scale 1/8" = 1'-0"

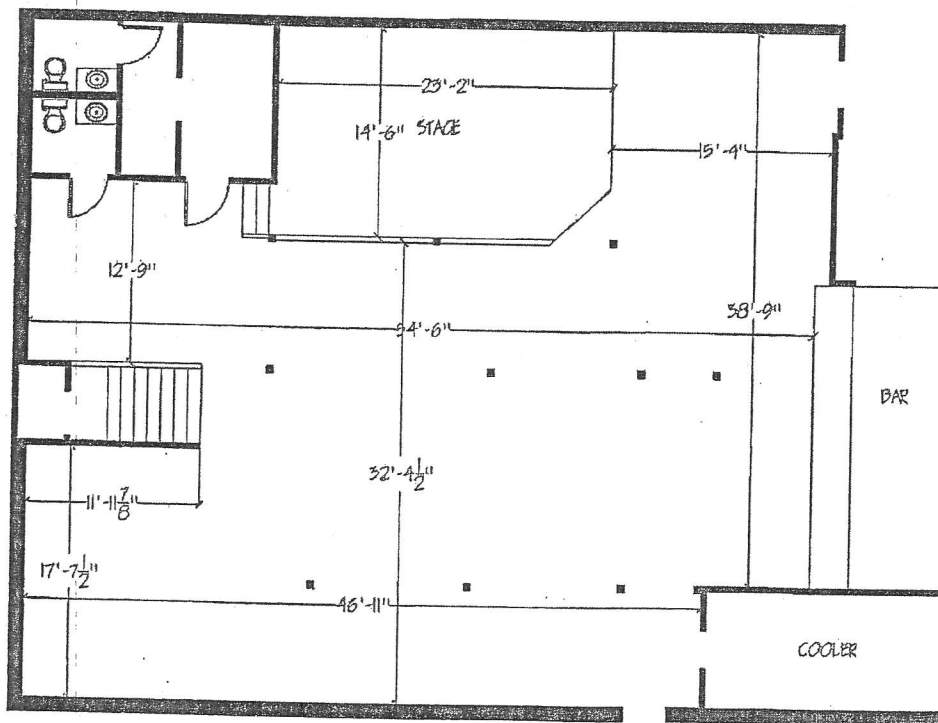


FUTURE BEER GARDEN

red
ANALOG
SCALE 1/8" = 1'



red9
 MAIN LEVEL
 SCALE: 1/8" = 1'

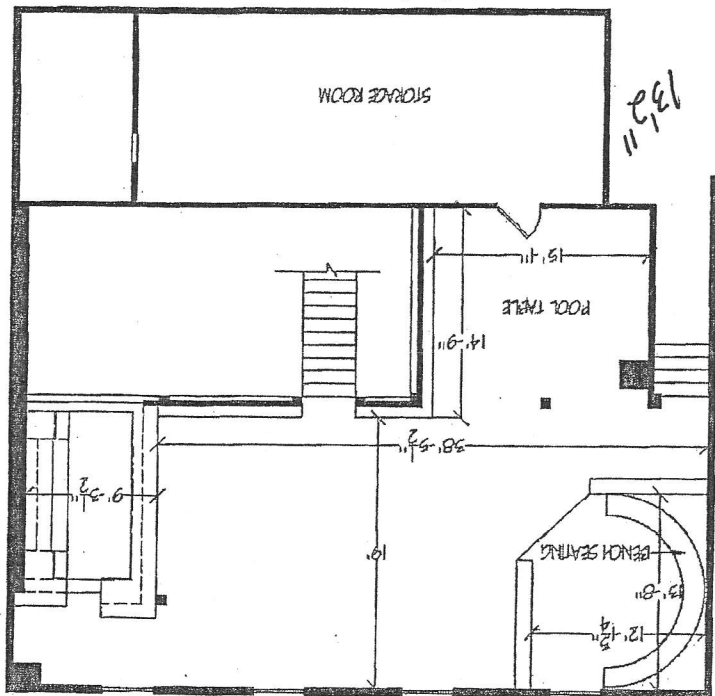


stage 9
 BACK ROOM
 SCALE: 1/8" = 1'

cloud
UPPER LEVEL
SCALE 1/8" = 1'

32'4"

13'2"



APPLICANT INFORMATION

READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Is anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number _____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender CITY BANK AND TRUST, MIKE ULRICH

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

Manager's information must be completed below. PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: PETERSON First Name: TROY MI: D

Home Address (include PO Box if applicable): 3745 Mohawk St.

City: Lincoln State: NE Zip Code: 68510

Home Phone Number: 402-730-2099 cell Business Phone Number:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Oahu, Hawaii

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES ☒ NO

Spouse's information

Spouses Last Name: First Name: MI:

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth:

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
Lincoln, NE		1994	present				

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005	present	Excelsior Home and Design	self-owner	488-0546
1998	2005	Platinum Painting	self-owner	

Manager and spouse must review and answer the questions below.
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

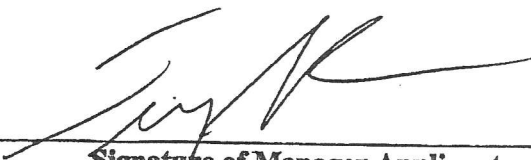
Date:	Where:
None	

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant

Signature of Spouse

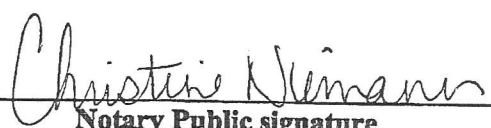
State of Nebraska

County of Lancaster

County of _____

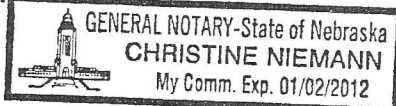
The foregoing instrument was acknowledged before me this December 30, 2008 by

The foregoing instrument was acknowledged before me this _____ by


Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

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DEC 31 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

ARTICLES OF ORGANIZATION
OF
PEARS LLC

NE Sec of State John R Gale - CORP AL
1000839520 Pgs: 3
PEARS LLC
Filed: 08/22/2008 09:32 AM

1. Name. The name of the limited liability company is PEARS LLC (the "Company").

2. Purposes. The purposes for which the Company is organized are: (a) to operate a venue available for rental/private parties (b) to operate a bar/restaurant business and (c) to engage in all other lawful business permitted under the laws of the State of Nebraska and the Nebraska Limited Liability Company Act (the "Act").

3. Address of Principal Place of Business. The address of the principal place of business of the Company in Nebraska is as follows: 322 S. 9th St., Lincoln, Nebraska 68508.

4. Registered Agent Name and Address. The name and address of the Company's registered agent in Nebraska are as follows: Monte Froehlich, 1320 P St, Suite 200, Lincoln, Nebraska 68508.

5. Capital Contributions. The Members have initially contributed five hundred dollars (\$500) to the stated capital of the Company. Additional contributions to the capital of the Company may be made under the terms and conditions set forth in the Company's operating agreement (the "Operating Agreement").

6. Management. The Company shall be managed by its Manager. The name and address of the initial Manager of the Company are as follows:

Voyager Holdings LLC

Attn: Monte Froehlich
1320 P St., Suite 200
Lincoln, Nebraska 68508

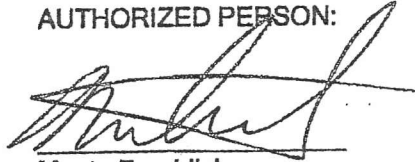
7. Admission of Additional Members. The Manager of the Company may admit additional Members to the Company upon the terms and conditions set forth in the Company's Operating Agreement.

8. Authorized Units. The Company shall be authorized to issue ten thousand (10,000) Units. The Units shall be issued to the Members of the Company and shall have the general authority to vote on all matters, except as provided in the Operating Agreement. The Units shall have equal rights to share in the Company's net operating profits (on a per Unit basis); however, on dissolution of the Company, the initial capital contributors shall receive a return of their capital contributions to the Company before the remaining Units share in any remaining net profits or liquidation proceeds of the Company. The Operating Agreement sets forth the rights of the Units in further detail.

9. Dissolution. The Company shall be dissolved upon the earliest to occur of the following events: (a) the Supermajority Vote of the Unit holders to dissolve the Company, (b) the happening of an event which makes it unlawful for the business of the Company to continue, or (c) the judicial dissolution of the Company pursuant to the Act.

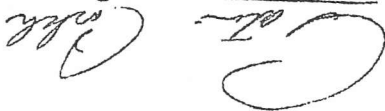
10. Capitalized Terms. The capitalized terms set forth in these Articles of Organization shall have the same meaning as such terms in the Operating Agreement. IN WITNESS WHEREOF, the undersigned, as an authorized person for the Company, hereby executes these Articles of Organization on this 21st day of August, 2008.

AUTHORIZED PERSON:

A handwritten signature in black ink, appearing to read 'Monte Froehlich', written over a horizontal line.

Monte Froehlich

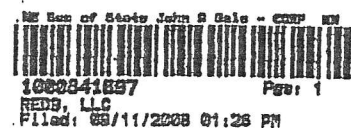
Voyager Holdings, LLC does hereby consent,
as owner of the trade name Pears
to the
Filing of Articles of "Organization of Pears, LLC"
by Mont Froehlich.


Authorized Representative

AMENDED ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>



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Name of Limited Liability Company Pears LLC

DEC 31 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

Please check the item or items that are being amended and provide the appropriate information as changed by the amendment:



Name of Limited Liability Company the new name is red9, LLC



Purpose of Limited Liability Company _____



Period of duration is _____



Change in stated capital _____



Change to any other statement in the articles of organization _____

(attach additional pages if needed)

This change to the articles of organization was made pursuant to an affirmative vote of the majority in interest of the members or in such manner as specifically provided in the articles of organization.

DATED September 11, 2008

Signature of Authorized Representative

John L. Horan, Attorney of Record
Printed Name of Authorized Representative

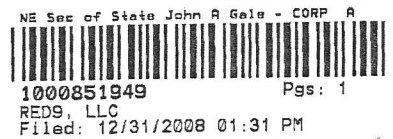
FILING FEE: \$15.00 plus \$5.00 per additional page.
Revised 12/19/2000

Neb. Rev. Stat. 21-2628

AMENDED ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>



RECEIVED

Name of Limited Liability Company red9, LLC

DEC 31 2008

Please check the item or items that are being amended and provide the appropriate information as changed by the amendment:

NEBRASKA LIQUOR
CONTROL COMMISSION

☐ Name of Limited Liability Company _____

☐ Purpose of Limited Liability Company _____

☐ Period of duration is _____

☐ Change in stated capital _____

☒ Change to any other statement in the articles of organization _____

1. Change registered agent to: Ameeta Martin, 3424 Old Dominion Road, Lincoln, NE 68516

2. Change manager from Voyager Holdings/Monte Froehlich to: Ameeta Martin, 3424 Old Dominion Rd, Lincoln, NE 68516

3. Change ^{Principal} office to 3424 Old Dominion Rd, Lincoln, NE 68516 *ABM*
(attach additional pages if needed)

This change to the articles of organization was made pursuant to an affirmative vote of the majority in interest of the members or in such manner as specifically provided in the articles of organization.

DATED 11/15/2008

Signature of Authorized Representative

Ameeta B. Martin

Printed Name of Authorized Representative

FILING FEE: \$15.00 plus \$5.00 per additional page
Revised 12/19/2000

Neb. Rev. Stat. 21-2628

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

CITY BANK AND TRUST; AMEETA MARTIN

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

RED9, LICENSE #83193, NEW LICENSE REQUESTED DUE TO CHANGE IN OWNERSHIP

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
AMEETA MARTIN MD	12/1/08	NO SPECIFIC BAR/RESTAURANT TRAINING

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date 12/31/2009
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? 11/14/2008

15. What will be the main nature of business? BAR/RESTAURANT/MUSIC VENUE

16. What are the anticipated hours of operation? 4 PM - 1 AM NIGHTLY

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
AMEETA B. MARTIN, LINCOLN, NE	1993	NOW	STEVEN L. MARTIN, LINCOLN, NE	1993	NOW
AELOA DELANEY			See attached sheet for residences ↓		
TROY PETERSEN					
JEFFREY EELLS					

DERRICK EELLS

PLACES OF RESIDENCE OF OWNERS:

#17

Aeloa Delany:

May 1995 - July 2000: Brookfield, CT

July 2000 - present: Lincoln, NE

Troy Peterson:

1994 - present: Lincoln, NE

Jeffrey Eells:

Aug 98-April 2001: Kansas City, MO

May 2001-Aug 2003: San Diego, CA

Sept 2003-Jan 2005: St. Louis, MO

Jan 2005-Present: Lincoln, NE

Derrick Eells:

1998 - July 1999: Lincoln, NE

July 1999 - June 2000: San Diego, CA

June 2000 - August 2000: Aix-en-Provence, France

August 2000 - July 2001: San Diego, CA

July 2001 - Dec 2001: Cordoba, Argentina

Dec 2001 - June 2003: San Diego, CA

June 2003 - August 2005: St. Louis, MO

August 2005 - Present: Lincoln, NE

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DEC 31 2008

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Ameeta Martin

Signature of Applicant


Signature of Spouse

Signature of Spouse


Signature of Applicant

Signature of Applicant

Amelia Martin

Signature of Spouse

Signature of Applicant

Signature of Applicant

Signature of Spouse

Signature of Spouse

Signature of Applicant

Signature of Applicant

Signature of Spouse

Signature of Spouse

Signature of Applicant

Signature of Applicant

Signature of Spouse

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this December 30, 2008 by

Ameeeta Martin
Christine Neimann
Notary Public signature

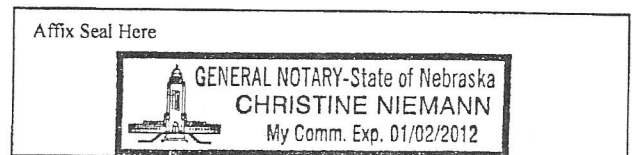
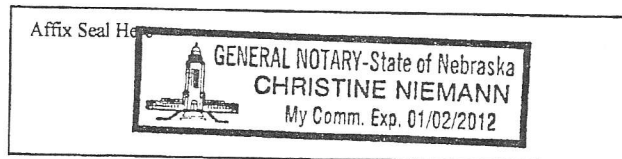
Notary Public signature

County of Lancaster

The foregoing instrument was acknowledged before me this December 30, 2008 by

Notary Public signature

Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: AMEETA B. MARTIN

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
red9, LLC

LLC Address: 3424 OLD DOMINION ROAD

City: LINCOLN State: NE Zip Code: 68516

LLC Phone Number: 402-770-1487 Fax Number: _____

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: MARTIN First Name: AMEETA MI: B

Home Address: 3424 OLD DOMINION ROAD City: LINCOLN

State: NE Zip Code: 68516 Home Phone Number: 402-420-1323

Ameeta B Martin

Signature of Contact Member

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

December 30, 2008
date

by Ameeta Martin
name of person acknowledged

Christine Niemann
Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
CHRISTINE NIEMANN
My Comm. Exp. 01/02/2012

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: MARTIN First Name: AMEETA MI: B

Social Security Number: _____ Date of Birth: C

Spouse Full Name (indicate N/A if single): STEVEN L. MARTIN

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: MARTIN First Name: STEVEN MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): AMEETA B. MARTIN

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: DELANEY First Name: AELOA MI: R

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: PETERSON First Name: TROY MI: D

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: EELLS First Name: JEFFREY MI: W.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: EELLS First Name: DERRICK MI: A.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: JANUARY

Ending Date: DECEMBER

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this limited liability company insert form 3b is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format

REVISED 5/2007

NEBRASKA LIQUOR
CONTROL COMMISSION

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizens of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

La Secrétaire d'État des États-Unis d'Amérique

par les personnes toutes autorités compétentes de laisser passer le citoyen
 actuellement des Etats-Unis titulaire du présent passeport, sans délai
 d'aucune sorte, et en cas de besoin, de lui accorder toute aide et protection légales.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí señalado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

ayuda y protección lícitas.

Amelia Bernal Martin

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULARE

NOT VALID UNTIL SIGNED



UNITED STATES OF AMERICA

Type/Type/Type - Code/Contr/Admigo - Passaporto - No. do Passaporto/No. do Passaporto
 USA 207820872

2. Name / Address
MARTIN



Nationality / Nationalité / Nationalität

UNITED STATES OF AMERICA

2. **Intelligence**

Spice / Sauce / Seasoning

Tempo de infância / Lugar de nascimento / Lugar de residência

Data de Issuagem / Data de Encerramento / Fatura de Encerramento

200

Date of expiration / Designation / Page no. contents

Argumente / Verifikationen / Empirische

See Page 2

[illegible]

207523057ZUSA6202150F12121124<<<<<<<<<<<<<<<<

NEBRASKA LIQUOR
CONTROL COMMISSION



RECEIVED

DEC 31 2008

STATE OF HAWAII		CERTIFICATE OF LIVE BIRTH		DEPARTMENT OF HEALTH NEDRASHA L. JACOB 61-108330	
FILE NUMBER 151		CONTROL SECTION			
1a. Child's First Name (Type or print)		1b. Middle Name		1c. Last Name	
TROY		DEAN		PETERSON	
2. Sex	3. This Birth	4. If Twin or Triplet, Was Child Born	5a. Birth Date	5b. Hour	
Male	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		2:25 P	
6a. Place of Birth: City, Town or Rural Location				6b. Island	
Honolulu				Oahu	
6c. Name of Hospital or Institution (If not in hospital or institution, give street address)				6d. Is Place of Birth Inside City or Town Limits? If no, give judicial district	
U.S. Army Tripler General Hospital				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7a. Usual Residence of Mother: City, Town or Rural Location		7b. Island		7c. County and State or Foreign Country	
Wahiawa		Oahu		Honolulu, Hawaii	
7d. Street Address		7e. Is Residence Inside City or Town Limits? If no, give judicial district			
2214 California Avenue		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
7f. Mother's Mailing Address				7g. Is Residence on a Farm or Plantation?	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
8. Full Name of Father				9. Race of Father	
DENNIS DEAN PETERSON				Caucasian	
10. Age of Father	11. Birthplace (Island, State or Foreign Country)	12a. Usual Occupation		12b. Kind of Business or Industry	
18	Minnesota	a Enlisted Man		U.S. Army	
13. Full Maiden Name of Mother				14. Race of Mother	
TWILA ROSE HAROLD				Caucasian	
15. Age of Mother	16. Birthplace (Island, State or Foreign Country)	17a. Type of Occupation Outside Home During Pregnancy		17b. Date Last Worked	
19	Colorado	a None		c	
I certify that the above stated information is true and correct to the best of my knowledge.		18a. Signature of Parent or Other Informant		18b. Date of Signature	
		Twila Peterson		Parent <input checked="" type="checkbox"/> 18 Dec 61	
I hereby certify that this child was born alive on the date and hour stated above.		19a. Signature of Attendant		19b. Date of Signature	
		CRAIG A. WHITEHEAD, 1st LT, MC		M.D. <input checked="" type="checkbox"/> 18 Dec 61	
20. Date Accepted by Local Reg.		21. Signature of Local Registrar		22. Date Accepted by Reg. General	
18 Dec 61	(Deputy) JOHN C. CRIMEN, LT COL, MSC		DEC 22 1961		
23. Evidence for Delayed Filing or Alteration					

DEC 31 2008

NEBRASKA LIQUOR

CONTROL COMMISSION

Le Secrétaire d'Etat
des Etats-Unis d'Amérique

prie par les présentes toutes autorités compétentes de laisser passer
le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport
sans délai ni difficulté et, en cas de besoin, de lui accorder
toute aide et protection légitimes.

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT

Type/Catégorie	Code of issuing / code du pays State / État	emetteur	PASSPORT NO./NO. DU PASSEPORT

P
Surname / Nom

073764353

DELANY
Given names / Pronoms

AELOA RACHEL

Nationality / Nationalité
UNITED STATES OF AMERICA

Date of birth / Date de naissance

Sex / Sexe Place de birth / Lieu de naissance
F HAWAII, U.S.A.

Date of issue / Date de délivrance _____ Date of expiration / Date d'expiration _____

18 JAN/JAN 95

17 JAN/JAB

Authority / Autorité

PASSPORT AGENCY

Amendments
Modifications
SEE PAGE

SEATTLE

24

P<USADELANY<<AELOA<RACHEL<<<<<<<<<<<<<<<<<
0737641834USA6105033F0501172<<<<<<<<<<<<<<<K2

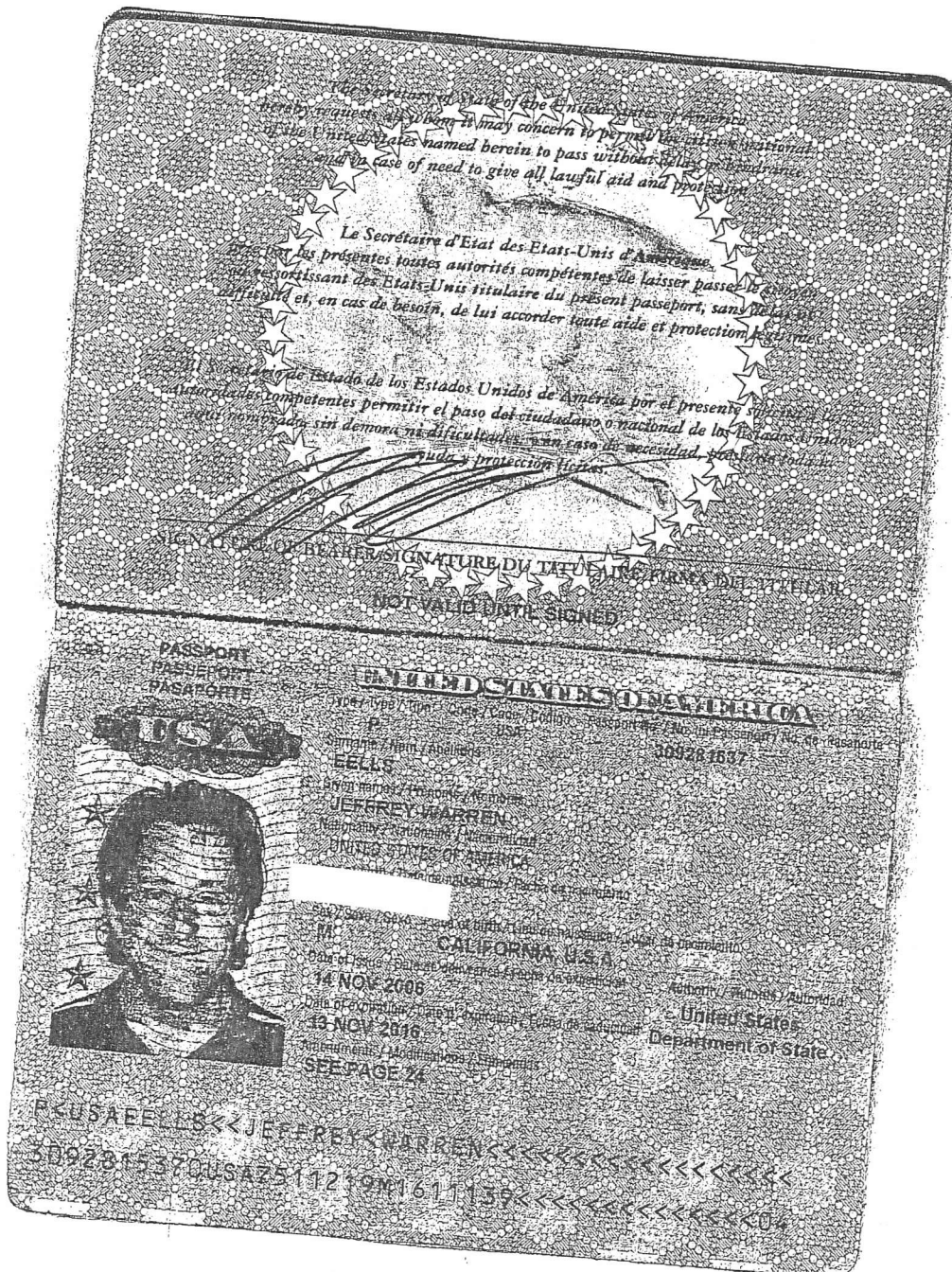
NEBRASKA LIQUOR
CONTROL COMMISSION



SIGNATURE OF BEARER, SIGNATURE OF TITLE, AND SIGNATURE OF OFFICIAL
 NOT VALID UNTIL SIGNED

DEC 31 2000
NEBRASKA LIQUOR
CONTROL COMMISSION

NEBRASKA LIQUOR
CONTROL COMMISSION



**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
101 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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DEC 31 2008

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: red9, LLC

Premise information

Premise License Number: _____

Premise Trade Name/DBA: red9

Premise Street Address: 322 SOUTH 9TH STREET

City: LINCOLN State: NE Zip Code: 68508

Premise Phone Number: ~~402-677-7329~~ 402-477-7339

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Anneeta Math

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)